

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

104534692

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		3				
5						
6		1				
7		1				
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17						
18	1					
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41						
42	1					
43		4				
44	1					
45		1				
46		1				
47		1				
48		1				
49						
50		1				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	50	←		←		←
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						